

# Linkages & Coordination:

## Health Departments, Labs, Hospitals, and Countries

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# Agenda

- ❖ Categories of Relationships - Identifying Partners
- ❖ Working with Partners – Examples in Action
- ❖ Establishing an Approach or Process
- ❖ Conclusions



# Key Issues

- ❖ When we look at public health preparedness and response, there are many new and interesting relationships and linkages that need to be established and maintained.
- ❖ These linkages represent both public and private entities.
- ❖ A consistent approach to understanding and working with partners is important for maintaining trust.



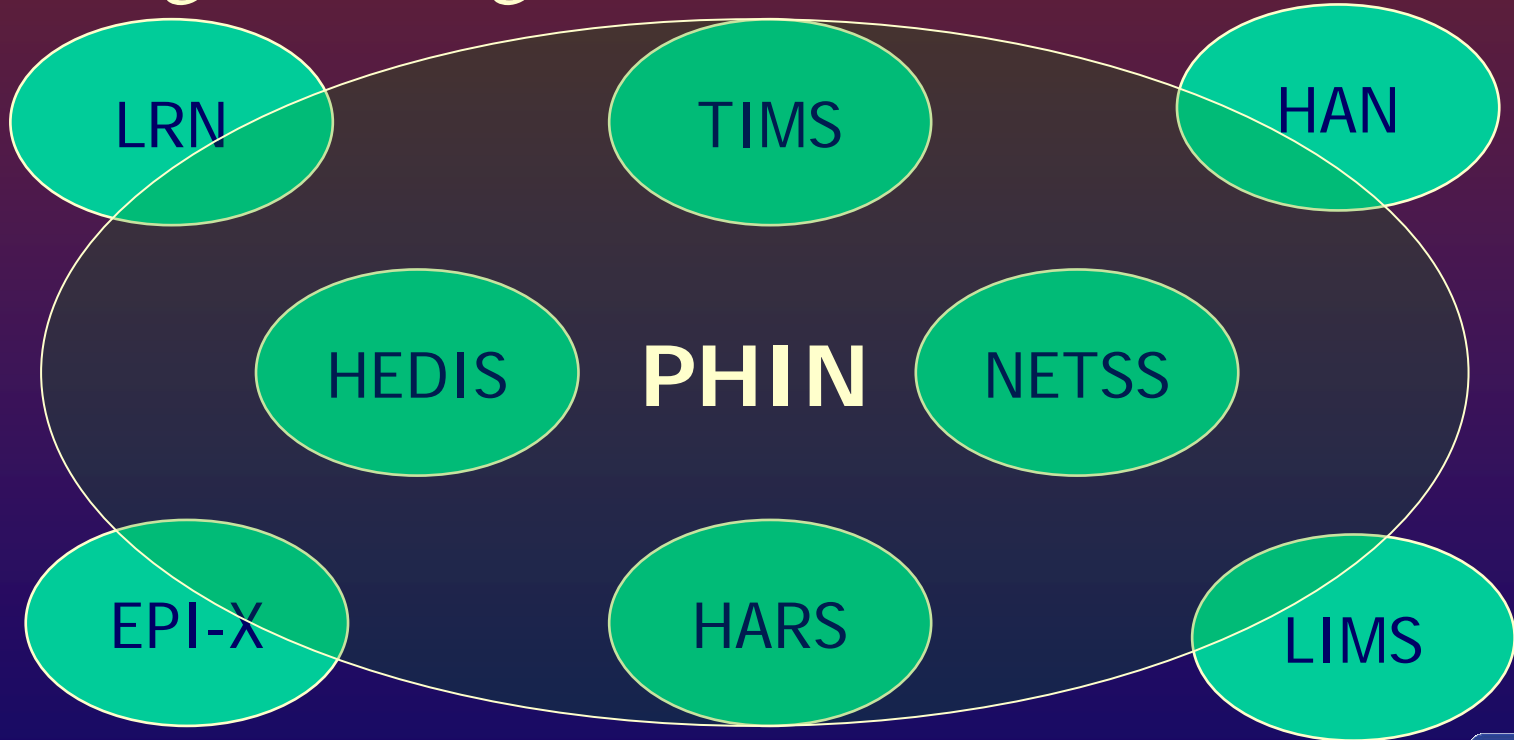
# Categories of Relationships

- ❖ Intra-discipline
  - ❖ Much of the work of NEDSS and PHIN
  - ❖ Reduce the Silos
- ❖ Inter-discipline
  - ❖ Much of the work in Preparedness and HAN
  - ❖ Working with Homeland Security, Emergency Management, First Responders, and Law Enforcement
- ❖ Inter-jurisdictional
  - ❖ Part of all initiatives
  - ❖ Includes both Public and Private partnerships

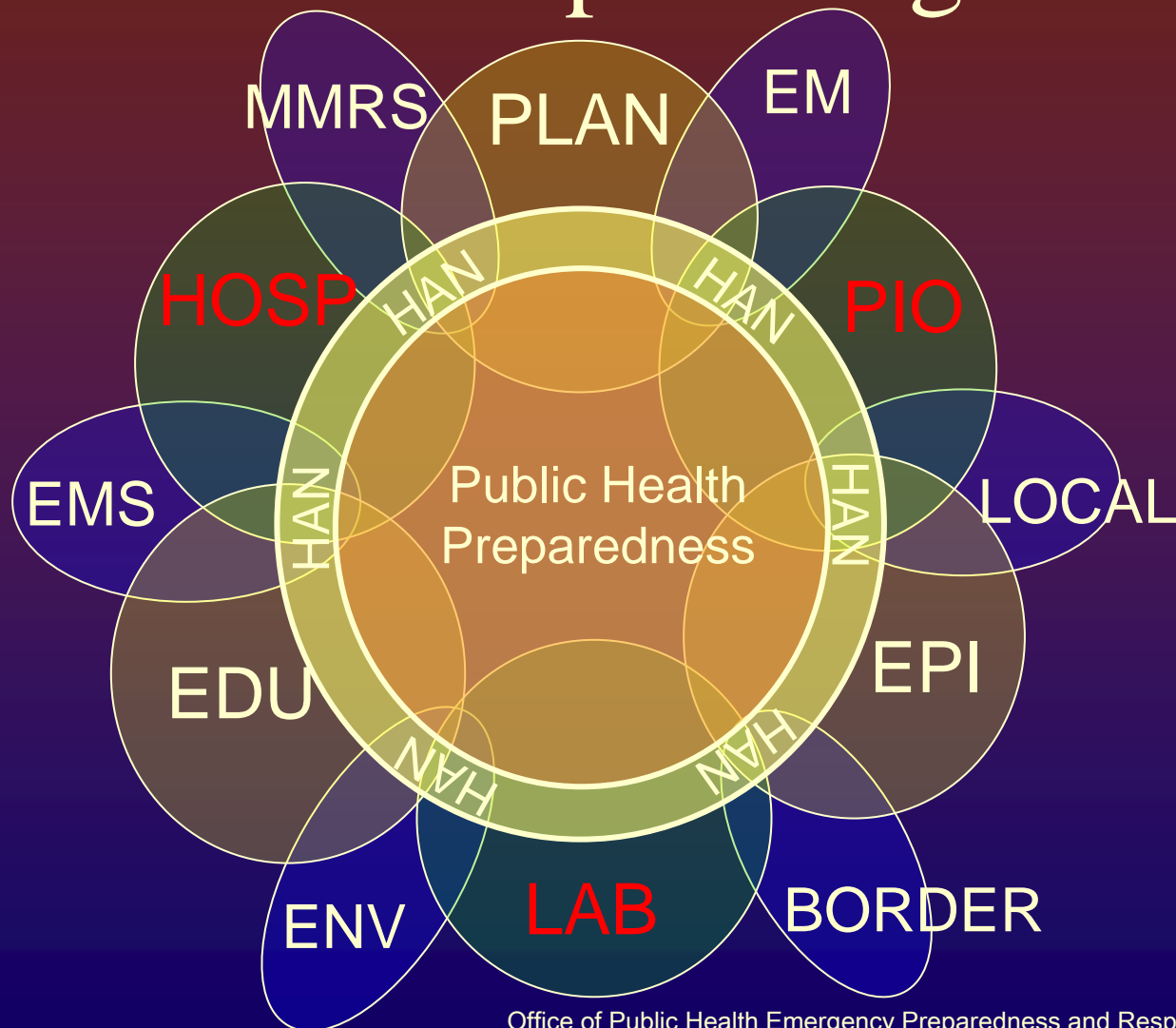


# Bringing the Silos Together

❖ NEDSS → PHIN Initiatives provide a framework to bring areas together. → **NHIN**



# Partnership Linkages



Office of Public Health Emergency Preparedness and Response



# Inter-Jurisdictional Partners

## ❖ Identification of Partners

### ❖ Governmental Agencies

- ❖ Local Government
- ❖ State Government
- ❖ Federal Government
- ❖ Other Sovereign Nations

### ❖ Private Organizations

- ❖ Healthcare
- ❖ Non-profit organizations



# Identify Partners

- ❖ “Everyone wants to share data” - False
- ❖ “No one doesn’t want to share data!” – True
- ❖ The “World View” of partners is key to gaining their participation.
  - ❖ Competing interests
  - ❖ Focus on costs or resources
  - ❖ Data ownership/confidentiality
  - ❖ Focused on mutual benefits





# Working with Health Departments

- ❖ Local health departments are our primary partners
- ❖ Success builds with trust
  - ❖ Foster ownership in the system
  - ❖ Provide mechanisms for feedback
- ❖ Differentiate between data control and data access
  - ❖ Enable uniform approach to data sharing
  - ❖ Plan for versatility



# Working with Tribes

- ❖ Tribal governments, while operating as sovereign nations, view themselves as local communities.
- ❖ Although many tribes do not meet the criteria of being a local health agency, they usually have health programs that focus on education and prevention.
- ❖ Sharing is focused on improving community health and not on epidemiological investigations.



# Working with International Partners

- ❖ International partners are not bound by borders.
- ❖ Ownership of the data and the system is very important.
- ❖ Mexico doesn't have the same infrastructure to support the technologies.
- ❖ Data tracking and analysis of most diseases are based on syndromes and not laboratory confirmation.
- ❖ Political issues are prevalent and can be difficult to overcome.



# Working with Hospitals and Labs

- ❖ Since these organizations may be required to share multiple sources of data, work to consolidate the complexity of interactions with hospitals and laboratories.
- ❖ Understand the cost factors involved in providing the data. Explain initial investment and maintenance costs, while understanding potential cost savings.
- ❖ Differentiate between mandates and volunteerism



# The 3 Step Approach

1. Understand our partners
  - ❖ Understand the “World View” of our partners
  - ❖ Be prepared to explain the benefits
2. Make the technical implementation painless
  - ❖ Be flexible and provide options
  - ❖ Follow and established process
3. Maintain relationships to grow relationships
  - ❖ Utilize successes as references
  - ❖ Establish a feedback loop and provide response support



# Conclusions

- ❖ Linkages and coordination occur across disciplines, jurisdictions, and through public and private partnerships.
- ❖ All partner linkages are unique, therefore understanding and anticipating their concerns and needs is very important.
- ❖ Technical implementations need to be simple, flexible, and utilize available standards.